
HEALTH CAREERS

HEALTH CAREERS 1998

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INTRODUCTION

During the 1989-90 school year, the State Board for Vocational Education established a Health Occupations Task Force to answer the question, "Does the Health Occupations curriculum, currently in use across the state of North Dakota, meet the needs of students wishing to enter the health care industry of the 1990's and beyond?" As a result of the work of the task force, a Health Careers statewide curriculum committee was formed to develop a contemporary curriculum. The curriculum was based on a core of common practices with an introduction to medical careers and information common to many occupations in health care.

Health Careers was a successful effort with programs expanding and new programs being added to high school course offerings. The need for an advance health careers was seen. In 1994 a statewide curriculum committee developed the Advance Health Careers curriculum.

The many changes of the health industry required the Health Careers to be updated. A statewide curriculum committee was again formed in 1998 to begin the task of refining the original curriculum. The Florida framework was used to identify core concepts and update the course outline. In addition, the task lists, and clinical rotation forms were updated. Cooperative Education in Health Careers was added to this curriculum update to better provide working experiences for students within the health care industry. This manual is the result of the Health Careers curriculum committee's work.

**HEALTH
CAREERS
CURRICULUM COMMITTEE**

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PHILOSOPHY

The Health Careers program has been developed to provide students, interested in the health care industry, assistance in determining a career that will best suit their capabilities and interests. The program is a competency-based curriculum that is fundamental to a variety of careers in the health care industry. The curriculum allows for input from Advisory Committees, training in workplace basics, flexibility in cross networking occupations, as well as preparation for advanced vocational/technical professional education.

COURSE DESCRIPTION

The Health Careers curriculum is a 360-hour program designed to be taught as a two hour per day course for one year. The first 180 hours or "**core**" information is fundamental to a wide variety of careers in the health care field. The core curriculum includes units of instruction such as:

Introduction to Health Care Delivery, Medical Ethical Responsibilities, Anatomy and Related Disorders, Professional Applications of Wellness and Disease and Concepts, Safety, Monitoring Body Functions, Disease Prevention, Infection Control Standards, CPR and First Aid course completion, and Introduction to Health Careers.

The second 180 hours of instruction provides students the opportunity to expand their skills and knowledge in specific career areas of interest. Students should have completed the Health Careers Core curriculum.

Researching careers is an integral part of the career segment. A variety of methods may be utilized to assist students in identifying and investigating career options (see Resource and Reference section).

Students selecting the Nurse Assistant option can complete the 75-hour required coursework.

Completion of the coursework will make the student eligible to take the certification test to become a Certified Nurse Assistant.

HEALTH CAREERS CORE

- 01.0 Integrate Problem Solving Methodology
- 02.0 Demonstrate Knowledge of the Health Care Delivery System
- 03.0 Demonstrate the Ability to Communicate and Use Interpersonal Skills Effectively.
- 04.0 Demonstrate Knowledge of Legal and Ethical Responsibilities
- 05.0 Demonstrate an Understanding of Wellness and Disease
- 06.0 Practice Safety and Security Procedures
- 07.0 Identify and Respond to Emergency Situations
- 08.0 Demonstrate Infection Control Procedures
- 09.0 Identify Computer Applications in Health Care
- 10.0 Identify and Implement Career Development Skills

HEALTH CAREERS COURSE OUTLINE

CORE OUTLINE

01.0 Integrate Problem Solving Methodology

02.0 Demonstrate Knowledge of the Health Care Delivery System

- A. Facilities
- B. Agencies
- C. Trends
- D. Insurance
- E. Organizational Facilities Structure
- F. Careers

03.0 Demonstrate the Ability to Communicate and Use Interpersonal Skills Effectively

- A. Vocational Industrial Clubs of America (VICA) – Professional Development
- B. Medical Terminology
- C. Effective Communication
 - 1. Cultural Diversity
 - 2. Client Education
- D. Observation / Reporting / Documentation
- E. Personal Qualities of a Health Care Worker

04.0 Demonstrate Knowledge of Legal and Ethical Responsibilities

- A. Ethics
- B. Patient Rights
- C. Professionalism

05.0 Demonstrate an Understanding of Wellness and Disease

- A. Basic Body Structure and Function
- B. Planes and Cavities
- C. Systems
- D. Diseases and Conditions
- E. Vital Signs
- F. Nutrition
- G. Human Growth and Development
 - 1. Human needs
 - 2. Life Stages

06.0 Practice Safety and Security Procedures Appropriately

- A. Client Identification
- B. Body Mechanics
- C. Positioning, Transferring and Moving Patients
- D. Accident Prevention
- E. Fire and Environmental Safety
- F. Governmental Regulations

07.0 Identify and Respond to Emergency Situations

- A. Disaster Preparedness
- B. First Aid – (with issuance of completion card)
- C. CPR

08.0 Demonstrate Infection Control Procedures

- A. Microorganisms
- B. Standards Precautions
- C. Disinfection / Sterilization

D. Isolation

09.0 Identify Computer Applications in Health Care

10.0 Identify and Demonstrate – Career Development Skills

- A. Employability Skills
 - 1. Job Searching
 - 2. Job – Keeping
 - 3. Financial Management
- B. Personal Career Goals

CAREER SEGMENT

The career segment provides students an opportunity to expand their skills and knowledge in a variety of health care related careers. Students should have completed the Health Careers core curriculum. Health Careers will offer in-depth individualized career studies and correlated clinical rotations as available.

Researching careers is an integral part of the career segment. A variety of methods may be utilized to assist students in identifying and investigating career options (see Resource and Reference section).

SUGGESTED INSTRUCTIONAL REFERENCES

Statement:

The following texts are considered for Health Careers Resources:

- Diversified Health Occupations, Louise Simmers, 4th Edition, copyright 1998, Delmar
- Health Careers Today, Judith Gerdin, copyright 1997, Mosby
- Health Occupations, 4th edition, copyright 1997, Shirley A. Badasch, Doreen S. Chesebro, copyright 1997, Brady

The curriculum design is based on Diversified Health Occupations 4th Edition, Louise Simmers, Delmar, Copyright 1998.

HEALTH CAREERS CLINICAL ROTATION INFORMATION

INTRODUCTION

Clinical rotation/job station is a method for teaching Health Careers that differs from the traditional method in both philosophy and implementation. The emphasis is on observation and a thorough study of health care areas. Students rotate among the various departments of a health care facility, or among various facilities in the community, to help them become familiar with as many different phases of health care as possible.

The course content for Health Careers is presented in the classroom where the teacher is the primary source of instruction. Students also spend class time in the health care facility where instruction relates the curriculum to actual patient care provided by the professional clinical staff there. Thus, the role of manager or monitor of learning environments is added to the traditional responsibilities of the teacher.

Clinical rotations provide many advantages to students. They will develop a clearer understanding of the career through hands-on experience, while developing a sense of responsibility and self-confidence.

Prerequisite

Students should have completed 180 hours of the core segment before they can be placed on clinical rotations.

Clinical Rotation

Students move among the various clinical areas according to their interests, or they may concentrate on a single area. While assigned to a given job station, the student observes procedures and aids in some activities. A task list will be used as a guide for documentation of learning experiences at each station. This task list outlines activities that the student may observe/participate in while at the job station.

Setting Up Clinical Rotations

Working closely with local health care personnel is essential to the success of your program. Most agreements are developed with facility administrators, in-service directors, or department personnel. In selecting job stations, consideration should be given to those stations with the greatest benefit to the student, areas of most interest to students, and the availability in your community.

Student Evaluation

Suggested student clinical evaluation forms and self-evaluation forms are included in this manual. One evaluation for each job station is recommended, or more often if appropriate. Students should complete a self-evaluation sheet following each rotation.

DESCRIPTION OF FORMS

CLINICAL AGREEMENT

An agreement outlining schools and job station responsibilities; signed by school official, facility official, and instructor. Agreement should be renewed annually.

STUDENT TRAINING AGREEMENT

An agreement outlining student responsibilities while on clinical rotation/job stations; signed by student, parent, and instructor. Agreement should be signed prior to first clinical rotation of the year.

TIME SHEET

A form used to document days and hours worked in a facility. One sheet should be used per rotation. More sheets may be used as appropriate; signed by student and clinical supervisor.

TASK LISTS

A checklist of suggested activities that students may observe, assist with, or participate in while on clinical rotations/job stations; to be signed by supervisors as tasks are completed. See section: "Task Lists"

CLINICAL ROTATION JOURNAL

A form to be completed by student upon completion of rotation. Form will give students the opportunity to express personal feelings regarding clinical experience.

CLINICAL EVALUATION

A form completed by job station supervisor/personnel upon completion of rotation, or more often as appropriate. Form to be signed by evaluator and student.

STUDENT SELF-EVALUATION

A form completed by student following rotation, or more often as appropriate.

CLINICAL AGREEMENT

Clinical Rotation for Health Careers

This agreement is by and between _____ School District and _____ for the operation of the general and technical aspects of the Clinical Rotation at _____ High School.

The _____ School District agrees to assume the following responsibilities:

1. Assign students to the specific areas of rotation.
2. Coordinate schedules between clinical personnel and students
3. Maintain records of student progress and evaluate student learning.
4. Observe policies of each clinical rotation.

The clinical site agrees to assume the following responsibilities:

1. Be responsible for the total welfare and care of patients.
2. Directly supervise students in performance of all skills and procedures.
3. Explain clinical routines, procedures, and policies followed in the health care facility.
4. Assist in evaluating student progress and performance.

The Health Careers instructor will be the liaison between the student and the clinical site for the development of the student's knowledge and skills.

This agreement provides for continuing communication between the facility and school in order to provide optimum experience for student learning. An annual evaluation and review of this agreement is expected.

In keeping with Title VI of the Civil Rights Act of 1964, no person shall, on the grounds of race, sex, color, or national origin, be excluded from participation in, be denied the benefits of, or be the subject to discrimination under any program or activity included herein.

Signature of School Official Date

Signature of Facility Supervisor Date

Signature of Health Careers Instructor Date

Student Training Agreement Health Careers Clinical Rotation

Student Name

School Name

This agreement is to be strictly observed at all times during your clinical rotation.

1. I will make it my responsibility to know, understand, and adhere to the guidelines and procedures of each clinical rotation.
2. I will make every effort to be courteous, efficient, and accurate in all contact with patients and workers.
3. I will maintain total confidentiality of all professional information with persons unauthorized to receive such information outside the clinical setting.
4. I will notify my Health Careers instructor immediately if I am unavoidably tardy or absent. The school policy on tardiness and absenteeism will apply.
5. I will follow the following dress code exactly:
 - a. I will wear a lab coat or uniform required by the health care facility and school. This garment is to be clean, neatly pressed, and appropriately buttoned at all times.
 - b. I will wear my nametag at all times.
 - c. I will not wear jeans, except where allowed.
 - d. I will dress in an appropriate manner that will not cause undue attention.
6. I understand that the clinical personnel are my supervisors outside of the classroom.
7. I will behave in a professional manner at all times and will not discuss my private life in the presence of patients.
8. I will report any accident that occurs in the clinical area and file the required incident report as directed by my supervisor.
9. I will observe strict infection control measures and safety rules at all times.
10. I understand that this will be an unpaid clinical experience.

I understand that if I break this agreement, disciplinary measures will be taken and termination of my participation in this program may result.

Student Signature

Date

Parent Signature

Date

Coordinator Signature

Date

MONTHLY CALENDAR

NAME_____

MONTH_____

DATE	IN	OUT	TOTAL HOURS	HEALTH FACILITY	WORK LOCATION	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

TOTAL

Days Worked_____

Sick Days_____

Class Days_____

School Functions_____

**USE LETTERS TO IDENTIFY THE
FOLLOWING:**

S = Sick Leave

CT = Class Time

SF = School Function

I verify the above hours to be accurate:

Student Signature_____

Supervisor Signature_____

EMPLOYER EVALUATION

STUDENT _____

EMPLOYER _____

Your constructive criticism enables us to provide better instructional training. Please evaluate the traits of the above named trainee by rating according to the following scale:

- 2 – Extremely Satisfactory
- 1 – Satisfactory
- 0 – Unsatisfactory

|||||
|||||

1. Follows instructions _____
2. Communicates well with other employees and the public _____
3. Displays well organized work habits _____
4. Uses mature judgment _____
5. Indicates a desire to improve and advance _____
6. Recognizes and respects authority _____
7. Dresses and grooms properly _____
8. Reports to work time _____
9. Ability to work under pressure _____
10. Gets along with employees, customers _____
11. Accepts constructive criticism on the job _____
12. Maintains good quality of work _____
13. Utilizes good technical skills on the job _____
14. Adheres to job expectations _____
15. Overall job performance _____

Comments or suggestions for future training:

Suggested grade rating: A B C D _____

HEALTH CAREERS CLINICAL ROTATION JOURNAL

STUDENT NAME _____

WORK STATION _____

DATES WORKED _____

WHAT ARE YOUR FEELINGS REGARDING DOING THIS TYPE OF WORK?
(Like it, dislike it? why?)

LIST THINGS THAT YOU ENJOYED ABOUT THIS JOB

LIST THINGS THAT YOU DISLIKED ABOUT THIS JOB

RECORD AND COMMENT ON INTERESTING OR DIFFERENT EXPERIENCES THAT YOU HAVE HAD AT
THIS JOB STATION

HAS THIS EXPERIENCE INFLUENCED YOUR ATTITUDE ABOUT THIS CAREER FIELD?
IN WHAT WAY?

CAN YOU SEE YOURSELF WORKING IN THIS CAREER SOMEDAY? EXPLAIN!

WHAT COULD BE DONE IN THE CLASSROOM TO BETTER PREPARE YOU FOR THIS CLINICAL ROTATION?

PLEASE EVALUATE THE FOLLOWING AREAS OF THIS CLINICAL ROTATION:

SUPERVISION

CO-WORKERS

LEARNING EXPERIENCE

DEPARTMENT ATTITUDE

HEALTH CAREERS

Clinical Journal – 20 Points

1. **GOALS** – You will write three goals in your journal each week before attending your clinical rotation. For the first week two of your goals should be:
 - a. Practice skills learned in the classroom
 - b. Utilize communication skills learned in the classroom with patients, staff and report outcomes.
2. **QUESTIONS** – Develop three questions you want answered about this clinical rotation, ask them, and answer them in writing in your journal.
3. **SELF-EVALUATION** – What term would describe your performance this week? Excellent, average, could have done better, Why, What could you have done to improve? (this will not be held against you)
4. **JOURNAL** – (approximately two pages)
 1. At the top of the page put:
Place worked _____ Dates worked _____
 2. Journal what you did each day.
 3. What are your feelings regarding this rotation? (Like it, dislike it, why?) Can you see yourself working in this career someday?
 4. List things you learned while on this clinical rotation?
 5. Do one case study. Find out one patient diagnosis. Explain what that diagnosis means and how they were treating it.
 6. What could be done in the classroom to better prepare you for this clinical rotation?

Please evaluate the following areas of this clinical rotation:

Supervision
Co-workers
Learning experience

HEALTH CAREERS CLINICAL EVALUATION

NAME _____

DATE _____

HEALTH CARE FACILITY/DEPARTMENT _____

PLEASE CHECK THE STATEMENT THAT BEST APPLIES

****EVALUATION DUE BY LAST DAY OF ROTATION!**

COOPERATION:

- _____ Cooperates willingly at all times
- _____ Usually cooperates with others
- _____ Often indicates resentment toward cooperating with others
- _____ Unwilling to cooperate with others

DEPENDABILITY:

- _____ Reports to job station on time
- _____ Absent – notifies job station
- _____ Absent – does not notify job station
- _____ Absent frequently

PERSONAL APPEARANCE:

- _____ Always neat, wears appropriate attire and name tag
- _____ Usually neat, occasional inappropriate attire with no name tag
- _____ Frequently lacks appropriate attire and name tag
- _____ Overall appearance needs improvement

INTEREST IN SPECIFIC OCCUPATION / JOB STATION:

- _____ Appears interested in occupation and asks questions about it
- _____ Appears interested but no questions asked
- _____ Appears easily distracted, wastes time
- _____ Appears disinterested

ATTITUDE:

- _____ Self-motivated, enthusiastic, welcomes constructive criticism
- _____ Open-minded, accepts constructive criticism
- _____ Lacks initiative but follows directions
- _____ Poor attitude, reluctantly accepts criticism

COMMENTS:

Evaluated by _____

Date _____

Student Signature _____

Date _____

EVALUATION FOR HEALTH CAREERS

NAME _____ ROTATION _____

AREA OF EVALUATION

CHECK APPROPRIATE COLUMN

	EXCELS	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	DOESN'T APPLY
PRESENTS PROPER APPEARANCE NEAT AND CLEAN MEETS PROFESSIONAL STANDARDS					
ATTITUDE TOWARD LEARNING SHOWS INITIATIVE TO LEARN ASKS PERTINENT QUESTIONS HAS POSITIVE ATTITUDE					
OBSERVE RULES FOLLOWS ALL REGULATIONS OBSERVES SAFETY FACTORS					
COOPERATES WITH OTHERS WORKS WELL WITH OTHERS READILY ASSISTS OTHERS SHOWS TACT AND UNDERSTANDING					
SHOWS ABILITY FOR THIS FIELD READILY LEARNS PROCEDURES IS CAPABLE AND INTERESTED					

COMMENTS:

Evaluator Signature

DATE

TIME IN

TIME OUT

STAFF SIGNATURE

STUDENT SELF-EVALUATION

STUDENT NAME _____ DATE _____

JOB STATION _____

Instructions: Rate yourself on the following items using the rating scale at the bottom of this page.

	5	4	3	2	1	0
1. Attendance at the job						
2. Promptness on the job						
3. Accuracy of work done						
4. Comfortable with equipment						
5. Use of safety knowledge						
6. Use good aseptic technique						
7. Appropriate use of time						
8. Worked hard						
9. Will take responsibility						
10. Cooperation with others						
11. Personal appearance/grooming						
12. Interested, asked questions						
13. Used constructive criticism						
14. Was in a learning environment						
15. Would rather be in a classroom						
16. Was bored						
17. Felt like I was in the way						

RATING SCALE

5 – Always, without exception

4 – Almost always

3 – Usually adequate

2 – Occasionally

1 – Seldom

0 – Never

ON THE FOLLOWING LINES PLEASE LIST SUGGESTIONS FOR YOUR SELF-IMPROVEMENT

Task List
ADMINISTRATIVE SERVICES
Business Office

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **ADMINISTRATIVE SERVICES**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Admitting a patient			
A. Obtaining general information from a patient on admission			
B. Assigning room			
C. Preparing identification cards			
2. Discharging a patient			
3. Using computers to admit and discharge patients, and keep records			
4. Computing total patient charges for services throughout the clinic			
5. Completing applications for insurance/Medicare payments			
6. Preparing payroll records and checks			
7. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List DENTAL FACILITY

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **DENTAL ASSISTING**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Making appointments			
2. Pulling charts			
3. Assigning charges for dental services			
4. Relieving patient anxiety			
5. Asepsis			
6. Using tooth numbering systems			
7. Reading anatomic and geometric tooth diagrams			
8. Naming and locating tooth surfaces			
9. Classifying caries and restorations			
10. Passing instruments to dentist			
11. Preparing radiologic films.			
12. Preparing tray setups for dental procedures			
13. Cleaning and sterilizing dental instruments			
14. Instructing patients in oral hygiene			
15. Mixing and pouring preliminary impressions for study casts			
16. Cleaning and polishing dental appliances			
17. Treatments:			
A. Fillings			
B. Extractions			
C. Root Canals			
D. Sealants			
E. Cleaning			
F. Bridges/Crowns			
18. Other			

Faculty Supervisor Signature _____

Student Signature _____

Task List DIETARY SERVICES

Student _____ Department _____

The student will read and study the departmental policy and procedure manuals for the **DIETARY SERVICES**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Using color codes to determine food to be placed on each tray			
2. Measuring food servings			
3. Checking patient trays for accuracy and completeness			
4. Preparation of individual servings of soup, salads, desserts, or sandwiches			
5. Delivering food trays to patient floors			
6. Helping patients select menu			
7. Preparing food			
8. Preparing special diets			
9. Educating patients about special diets			
10. Preparing and serving nourishment's			
11. Preparing infant formulas			
12. Testing recipes and new food products			
13. Identifying safety measures for food preparation to avoid cuts, burns, and electrical shock			
14. Using computer to receive dietary order changes and additions			
15. Using the computer to maintain inventory records			
16. Maintaining equipment and housekeeping duties			
17. Assist with planning and setup of special functions			
18. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List GERIATRIC CARE

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **GERIATRIC CARE**.

The student will either observe or aid in the performances of the following activities.

Activities

	Observed	Aided	Date
1. Assisting in transferring residents:			
A. Wheelchair			
B. Stretcher			
C. Walker			
2. Assisting restraints for resident's protection			
3. Feeding residents			
4. Assisting resident with activities of daily living			
5. Assisting resident with prescribed exercise procedures			
6. Assisting with recreational activities			
7. Observing only preparation and administration of medicines			
8. Assist with hoist lift			
9. Procedures Prevention and treatment of decubiti			
B. Catheter care			
C. Tracheotomy care			
D. Bedmaking			
E. Gait belt			
F. Bathing			
G. Vital Signs			
10. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List MEDICAL LABORATORY

Student _____ Department _____

The student will read and study manuals on policy and procedures for the **LABORATORY DEPARTMENT**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Maintaining the work area			
2. Processing specimens			
3. Locating of safety devices/procedures			
4. Blood collection (phlebotomy) (Students are usually not permitted to collect blood)			
5. Blood banking procedures			
6. Hematology procedures			
7. Urinalysis procedures			
8. Chemistry procedures			
9. Microbiology procedures			
10. Histology procedures			
11. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List MEDICAL RECORDS

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **MEDICAL RECORDS**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Preparing charts for new patients			
2. Checking medical charts for completeness and correct order			
3. Filing folders by method used in health care facility			
4. Preparing lists of vital statistics (birth and deaths)			
5. Preparing daily and periodic admission and discharge statistics			
6. Coding diseases and operations according to classification and entering codes on medical records			
7. Maintaining records of requests for charts and identification of person requesting			
8. Copying equipment			
9. Using computers to complete, maintain, and store records			
10. Using a dictaphone			
11. Using devices such as microfiche to copy and store medical records			
12. Medicare Forms			
13. Procedures for conforming to standards defined by Joint Commission on Accreditation of Hospitals			
14. Ensuring confidentiality of information contained in patient's charts			
15. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List MENTAL HEALTH AIDE

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **MENTAL HEALTH AIDE**.

The student will either observe or aid in the performances of the following activities.

Activities

	Observed	Aided	Date
1. Assisting patients with activities of daily living			
2. Taking vital signs			
3. Noting any indication of illness or injury, i.e.: pallor, inertia, digestive, etc.			
4. Recording patient data			
5. Assisting clients with arts and craft activities			
6. Assisting clients with education activities			
7. Assisting client with art / music / dance therapy			
8. Assisting clients with recreation therapy			
9. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List NURSING (MEDICAL)

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **MEDICAL NURSING**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Taking and recording vital signs			
2. Answering intercom or signal lights and relaying message to nurse			
3. Assisting with diet trays			
4. Transporting/transferring patients, wheelchair or stretcher (with staff member)			
5. Measuring intake and output			
6. Preparing and administering medications (observe only)			
7. Bathing a patient / bed, tub, shower			
8. Oral Hygiene			
9. Backcare			
10. Making beds, open, occupied, surgical			
11. Assist with different types of isolation (CDC)			
12. Testing for glucose and acetone			
13. Assist with Catheter Care			
14. Aseptic handwashing technique			
15. Repositioning patients			
16. Use of protective devices			
17. Oxygen administration			
18. Specimen Collection			
19. Anti-embolism stockings			
20. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List PHARMACY

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **PHARMACY**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Review of safety procedures for Pharmacy			
2. Procedure for securing narcotics and for behavior in the event of a robbery			
3. Relating chemical, generic, and trade names of common drugs			
4. Preparation of unit doses from bulk Containers of drugs			
5. Mixing and compounding			
6. Procedures for ordering supplies, maintaining inventory, and restocking shelves			
7. Procedures for charging/billing patients for prescriptions			
8. Procedures for disposal of medications			
9. Differentiation of OTC and prescription drugs			
10. Delivery of drugs to various areas of the health care facility			
11. Using computers for record keeping and for orders			
12. Review of ethical principles pertaining to pharmacy			
13. Medication charts			
14. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List PHYSICAL THERAPY

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **PHYSICAL THERAPY**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Assessing the patient			
2. Planning treatment/positioning			
3. Using modalities			
A. Hydrotherapy			
B. Hot packs			
C. Cold packs			
D. Paraffin bath			
E. Ultrasound			
F. Transcutaneous electrical nerve stimulation (TENS units)			
G. Massage			
H. Traction			
4. Assisting with exercises/ROM			
5. Assisting with ambulation			
6. Assisting with treatment of ulcers, burns, or wounds			
7. Assessing the patient prior to discharge			
8. Using various other equipment			
9. Maintaining work area/equipment			
10. Following safety guidelines regarding personal and client/patient safety			
11. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List RADIOLOGY

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **RADIOLOGY**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Reading department policies regarding safety:			
A. Radiation monitoring of personnel			
B. Safeguards for patients			
C. Procedures to protect staff			
2. Processing film			
3. Positioning the patient for filming of the following:			
A. AP			
B. PA			
C. Lateral			
D. Oblique			
4. Observing fluoroscopic studies:			
A. Cholecystogram			
B. I.V. pyelogram			
C. Upper G.I. tract			
D. Lower G.I. tract			
E. Angiogram			
F. Myelogram			
5. Observing sonography (use of Doppler addition)			
6. Observing Computerized Axial Tomography (magnetic resonance imaging)			
A. Cranial study			
B. Torso study			
7. Observing use of Spectamine in Diagnostic imaging			
8. Observing the use of radio-pharmaceuticals			
A. In diagnosis			
B. Implants			
C. Chemotherapy			
9. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List RESPIRATORY THERAPY

Student _____ Department _____

The student will read and study the departmental policy and procedure manuals for **RESPIRATORY THERAPY**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Cleaning, maintaining, and using various equipment:			
A. Respirator			
Intermittent Positive Pressure Breathing machine			
C. Pulmonary function machine			
D. Incentive spirometer			
E. Oxygen administration set			
2. Assist with breathing exercises			
3. Maintaining inventory/supplies			
4. Recording and filing patient charges			
5. Caring for patient with artificial airway			
6. Providing humidity and aerosol therapy			
7. Preparing patient for postural drainage			
8. Percussion to dislodge mucus			
9. Weaning patients from mechanical ventilation			
10. Recognizing uses of drugs commonly used in respiratory treatments			
11. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List SPORTS MEDICINE

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **SPORTS MEDICINE**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Biodex Isokinetic Machine:			
A. Test and interpretation			
B. Set-ups			
2. Contrast			
3. Cryotherapy / Thermotherapy			
4. Body fat measurement			
5. Exercise machines:			
A. Fitness uses			
B. Rehab uses			
6. Assessments:			
A. Low back pain			
B. Knee			
C. Ankle			
D. Shoulder			
E. Miscellaneous			
7. Modalities			
8. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List VETERINARY ASSISTING

Student _____ Department _____

The student will read or study the department policy and procedure manuals for **VETERINARY ASSISTING**.

The students will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Assisting with office procedures and interpersonal skills			
2. Examining/Vaccinating animals			
3. Surgical procedures			
4. Bathing, dipping, grooming			
5. Laboratory testing:			
A. Collecting specimens			
B. Preparing flotation for endoparasites			
C. Preparing blood slides			
D. Testing urine			
E. Preparing cultures			
F. Observing microscope slides			
G. Serology testing			
6. Performing general housekeeping/ feeding			
7. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List VISION SERVICES

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for **VISION SERVICES**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Examination Procedures			
2. Contacts:			
A. Dispensing			
B. Care			
3. Glasses:			
A. Dispensing			
B. Care			
4. Treatment for special problems			
5. Clerical/Interpersonal Skills			
6. Housekeeping duties			
7. Laboratory			
8. Surgical			
9. Other			

Facility Supervisor Signature _____

Student Signature _____

Task List WARD CLERK

Student _____ Department _____

The student will read and study departmental policy and procedure manuals for the **WARD CLERK**.

The student will either observe or aid in the performance of the following activities.

Activities

	Observed	Aided	Date
1. Communications:			
A. Telephone/Intercom			
B. Writing Messages			
C. Paging			
D. Interdepartmental			
2. Charts:			
A. Assemble			
B. Graphic Sheets			
C. Stamper/Addressograph			
D. Test results			
E. Computer application			
3. Visitor information			
4. Location of instruments			
5. Requisition forms			
6. Material transport			
7. Discharge			
8. Other			

Facility Supervisor Signature _____

Student Signature _____

HEALTH CAREERS COOPERATIVE EDUCATION POLICY STATEMENT

1. Student Admittance and Participation

- A. Secondary students may participate in a cooperative education component of an approved Health Careers program while enrolled or after completion provided there is a recommendation from the vocational instructor/coordinator, approval of the principal/vocational director, and permission from the student's parent/guardian.

2. Agreements and Individual Training Plans

- A. A written training agreement describing responsibilities and expectations of each will be cooperatively developed by the educational agency and the training site.
- B. An individual training plan listing tasks and student performance objectives to be learned and demonstrated by the student at the training site will be cooperatively developed by the instructor/coordinator and the supervisor at the site.

3. Placement of Cooperative Education Students at Work Sites

- A. The vocational instructor/coordinator will ensure that interests of both students and employers are considered when students are placed at training sites.
- B. Cooperative education for special population's students shall be described in the student's Individual Vocational Education Plan document.
- C. Cooperative education components of the instructional program are not intended to serve as an employment agency.

4. Cooperative Education Student Time at School and Work Site

- A. While enrolled in regular school classes, students time at school, plus work at the cooperative education training site, will not exceed 40 hours per week.
- B. At times other than when enrolled in regular school classes, students in cooperative education programs will comply with regular working hours of the work site or as described in the training agreement.

5. School Credit for Cooperative Education Work Site Experiences

- A. Secondary students may earn units of credit toward graduation by successfully

completing work site experience. At most schools, 360 hours equals 1 credit.

- B. Student achievement and progress at the work site will be evaluated by the work site supervisor, and will be graded.

6. Student Compensation

- A. Cooperative education students may check on receiving financial compensation from the cooperating employer.

7. Records and Reports

- A. The vocational instructor/coordinator shall maintain cooperative education records and reports, including:
 - 1. Training agreement between the educational agency and the cooperating work site.
 - 2. Training plan for each student in the cooperative education program.
 - 3. Supervisory visits by the instructor/coordinator.
 - 4. Individual student hours worked while enrolled in the program.
 - 5. Employer evaluations of student performance.
 - 6. Student self-evaluation.

8. Time and Travel Allowances for the Instructor/Coordinator

- A. The instructor/coordinator's assignment shall include off-campus time for supervision and coordination. The instructor/coordinator shall be compensated for this time at the same rate as for other teaching assignments, or as described in the educational agency's policies.
- B. Travel incurred in the performance of the instructor/coordinator's duties shall be reimbursed at the educational agency's prevailing rate.

9. Professional Courtesy

- A. Communication regarding cooperative education student placement should prevail among instructor/coordinators throughout the state.

TRAINING PLAN HEALTH CAREERS COOPERATIVE EDUCATION PROGRAM

Certificate of Employment for Educational Purposes

This certificate is a document stating the conditions of the employment of _____ for the purpose of education and vocational training in _____. It also is an agreement of the signee to abide by and follow the policies listed. The following are the conditions for the stated privilege:

1. All work performed is incidental to the required and involved training.
2. All work shall be intermittent and for short periods of time. The amount of time involved will be _____ hours per week beginning _____, to _____.
3. The safety instruction of those supervising or instructing is required for all operations involved in this activity.
4. A schedule of progression must be submitted to the instructor on a regular basis and must be performed in a proper fashion.
5. All work shall be performed under the direct supervision of a trained supervisor or instructor.
6. Cooperative Education a paid work experience.
7. The school will make provisions for the student to receive related and technical instruction in the above occupation.
8. The student promises to abide by all implied and stated terms included in this memorandum. The student shall be bound during the occupational experience by the ordinary school regulations. The parent or guardian shall be responsible for the conduct of the student while in training.
9. The coordinator, _____, shall have the authority to transfer or withdraw the student at any time and manage any complaints by either party.

Student	Date	Employer	Date
---------	------	----------	------

Parent	Date	Instructor	Date
--------	------	------------	------

**TRAINING AGREEMENT
MEMORANDUM OF UNDERSTANDING
HEALTH CAREERS
COOPERATIVE PROGRAM**

Between the School and the Employer

This agreement is by and between _____ School District and _____.

The _____ School District agrees to:

1. Coordinate schedules between job site personnel and students.
2. Maintain records of student progress and evaluate student learning.
3. Observe policies of cooperative education.
4. Provide information on to the State Board for Vocational and Technical Education.

The employer agrees to:

1. Be responsible for a safe working environment.
2. Directly supervise students in performance of all skills and procedures.
3. Explain routines, procedures, safety practices, and policies followed by the company.
4. Assist in evaluating student progress and performance.

The appropriate instructor/coordinator will be the liaison between the cooperating facility and school in order to provide optimum experience for student learning. An annual evaluation and review of this agreement is expected.

In keeping with the Title VI of the Civil Rights Act of 1964, no person shall on the grounds of race, sex, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity included herein.

Signature of Employer-

Date Signature of School Official-

Date

Signature of Health Career Instructor-

Date

TRAINING AGREEMENT

By this agreement, the _____ will permit
(Training Agency)
_____ to enter its establishment as a cooperative vocational
(Student)
student, for the purpose of securing training and knowledge in _____.

All persons jointly agree to the following conditions:

1. The training will extend from _____, 19 ____ to _____, 19 ____.
2. The student will receive \$_____ per hour. This rate may be adjusted as the student becomes a more valuable employee.
3. The student will be supervised by: In school: _____; On the job: _____. At regular intervals, the coordinator will consult with the employer or supervisor to evaluate the progress of the student.
4. The school will make provisions for the student to receive related and technical instruction in the above-mentioned occupation.
5. Training during the cooperative occupational education period shall be structured to provide the student with the acquisition of skills pertinent to the above mentioned occupation.
6. All complaints shall be made to and adjusted by the coordinator.
7. The coordinator shall have the authority to transfer or with draw the student at any time.
8. The student, while working in the employer's establishment, shall be subject to all regulations applying to all other employees.
9. The student promises to abide by all implied and stated terms included in the document. The student shall be bound during occupational experience by the ordinary school regulations. The parent or guardian shall be responsible for the conduct of the student while in training.
10. This agreement may be terminated upon mutual consent of all parties.

Employer/Supervisor

Date

Student

Date

Coordinator

Date

Parent/Guardian

Date

Principal

Date

Director

Date

**SAMPLE
HEALTH CAREERS
COOPERATIVE EDUCATION
STUDENT EVALUATION**

NAME _____
COMPANY _____
NAME _____

DATE _____

Please check the statement that best applies.

COOPERATION:

- Cooperates willingly at all times
- Usually cooperates with others
- Indicates resentment toward cooperating with others
- Unwilling to cooperate with others

DEPENDABILITY:

- Reports to job on time
- Absent - notifies employer
- Absent - does not notify employer
- Absent frequently

PROFESSIONAL PERSONAL APPEARANCE:

- Always neat, wears appropriate attire
- Usually neat, occasional inappropriate attire
- Frequently lacks appropriate attire
- Overall appearance needs improvement

INTEREST IN SPECIFIC OCCUPATION:

- Appears interested in occupation, asks questions relating to occupation
- Appears interested but does not asks questions
- Appears easily distracted, wastes time
- Appears disinterested

ATTITUDE:

- Self-motivated, enthusiastic, welcomes constructive criticism
- Open-minded, accepts constructive criticism
- Lacks initiative but follows directions
- Poor attitude, reluctantly accepts criticism

COMMENTS: _____

Evaluated by _____ Date _____

Student Signature _____ Date _____

SAMPLE HEALTH CAREERS COOPERATIVE EDUCATION STUDENT SELF-EVALUATION

STUDENT NAME _____ DATE _____

COMPANY _____

INSTRUCTIONS: Rate yourself on the following items using the rating scale provided.

CRITERIA	5	4	3	2	1	0
1. Attendance at the job						
2. Promptness on the job						
3. Accuracy of work done						
4. Comfortable with equipment						
5. Use of safety knowledge						
6. Appropriate use of time						
7. Worked hard						
8. Will accept responsibility						
9. Cooperation with others						
10. Personal appearance						
11. Interested, asked questions						
12. Used constructive criticism						
13. Was in a learning environment						
14. Would rather be in a classroom						
15. Was bored						
16. Felt like I was in the way						

RATING SCALE

5-Always, without exception

4-Almost always

3-Usually adequate

2-Occasionally

1-Seldom

0-Never

Please list suggestions for your self-improvement. _____

**SAMPLE
HEALTH CAREERS
COOPERATIVE EDUCATION**
Monthly Calendar

NAME _____

MONTH _____

DATE	IN	OUT	TOTAL HOURS	WORK LOCATION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL

Days Worked _____

Sick Days _____

Class Days _____

School Function _____

I verify that the above hours to be accurate

Use Letters to identify the following:

S = Sick Leave

CL = Class Time

SF = School Function

Student _____ Supervisor _____ Date _____

**SAMPLE
HEALTH CAREERS
PREAPPRENTICESHIP PROGRAM
Student Appraisal of the Program**

Name _____ Phone Number _____

Address _____ Date _____
 Street City State Zip

Male ____ Female ____ Single ____ Married

Parent or Legal Guardian

Address _____
 Street City State Zip

What occupation were you trained for in high school? _____ What School? _____

How many years of high school vocational training did you receive? _____

How many months of preapprenticeship / cooperative vocational education training did you receive? ____

What was the name of the business(s) in which you received your preapprenticeship / cooperative education training?

Name of Business _____ Address _____

PLEASE RATE THE TRAINING YOU RECEIVED DURING THE COOPERATIVE EDUCATION TRAINING PROGRAM			
	EXCELLENT	ADEQUATE	POOR
Ability of instructors to teach the course			
Advice and help from counselors			
Adequacy of lab or shop facilities			
Adequacy of classrooms			
Textbooks and instructional materials			
Practical application of training to the job			
Over-all training program			

Pg 2 Health Careers Cooperative Education - Student Appraisal

PLEASE INDICATE HOW EFFECTIVE THE COOPERATIVE EDUCATION PROGRAM HAS BEEN IN IMPROVING YOUR PERSONAL DEVELOPMENT.			
	EXCELLENT	ADEQUATE	POOR
Increased achievement level			
Improved leadership ability			
Improved educational opportunities			
Increased occupational aspirations			
Improved occupational skill			
Improved employment status			

PLEASE RATE THE PREAPPRENTICESHIP/COOPERATIVE EDUCATION ON-THE-JOB EXPERIENCE.			
	EXCELLENT	ADEQUATE	POOR
Supervision received from employer			
On-job experience			
Working conditions			
Help received from other employees			
Wages received			
Assistance received from the teacher/coordinator			

HOW MUCH DID THE TRAINING PROGRAM HELP YOU TO: (Indicate one opinion for each)			
	GREAT DEAL	SOME	LITTLE OR NONE
Prepare job application			
Job interviews			
Find a job			
Technically qualify for a job			
Understand employment problems			
Work with other people			
Adjust to work responsibilities			
Know your abilities and interests			
Understand technical information			
Prepare for further training			

OTHER PERTINENT INFORMATION: _____

WEEKLY WAGE AND HOUR REPORT

Student _____ Type of Work/Job Title _____

Training Station _____ Supervisor _____

Hourly Wage _____ Bonuses/Tips _____

Directions: Put date in upper left-hand corner. Indicate presence in class at school in upper right corner. Show hours worked and total (see example). Below each day, identify key responsibilities. Write comments in spaces provided. Verify the hours and pay by signing the appropriate signature block. Show hours scheduled to work in following week in spaces provided.							Example: <div style="border: 1px solid black; padding: 2px; margin: 2px;"> 2/23 3 1:00-4:30 3.5 hours </div>	
SUN	MON	TUES	WED	THUR	FRI	SAT	HOURS	GROSS PAY
							Hours for Next Week	
							Sunday	
							Monday	
							Tuesday	
							Wednesday	
							Thursday	
							Friday	
							Saturday	

COMMENTS

Student:

Supervisor:

Student: _____ Date: _____

Supervisor: _____ Date: _____

NON-DISCRIMINATION POLICY: The _____ School System does not discriminate against any person on the basis of race,color, religion, sex, national origin, age or handicap in any of its educational or employment programs or activities.

EMPLOYER EVALUATION

Student

Employer_

Your constructive criticism enables us to provide better instructional training. Please evaluate the traits of the above named trainee by rating according to the following scale:

2 – Extremely Satisfactory

1 – Satisfactory

0 – Unsatisfactory

- | | |
|--|-------|
| 1. Follows instructions | _____ |
| 2. Communicates well with other employees and the public | _____ |
| 3. Displays well organized work habits | _____ |
| 4. Uses mature judgment | _____ |
| 5. Indicates a desire to improve and advance | _____ |
| 6. Recognizes and respects authority | _____ |
| 7. Dresses and grooms properly | _____ |
| 8. Reports to work on time | _____ |
| 9. Ability to work under pressure | _____ |
| 10. Gets along with employees, customers | _____ |
| 11. Accepts constructive criticism on the job | _____ |
| 12. Maintains good quality of work | _____ |
| 13. Utilizes good technical skills on the job | _____ |
| 14. Adheres to job expectations | _____ |
| 15. Overall job performance | _____ |

Comments or suggestions for future training:

Suggested grade rating: A B C D _____